

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	Mag	916210	
O.I.P.E. CLASSIFIER		18	10/30/00
FORMALITY REVIEW	2A	JC 583	10/30/00
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 — (Through numeral)... Canceled      A ..... Appeal  
 : ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	✓
2	✓	✓	✓
3	✓	N	N
4	✓	✓	✓
5	✓	✓	✓
6	✓	✓	✓
7	✓	✓	✓
8	✓	✓	✓
9	✓	✓	✓
10	✓	✓	✓
11	✓	N	N
12	✓	N	N
13	✓	✓	✓
14	✓	✓	✓
15	✓	✓	✓
16	✓	✓	✓
17	✓	✓	✓
18	✓	✓	✓
19	✓		
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If more than 150 claims or 10 actions  
staple additional sheet here

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